Small Business Training

24 March 2004

Presented by

Ann Montes, Dan Shackelford & Nancy Villarreal

Purpose of a DD Form 2579

- The DD Form 2579 is a tool used to screen proposed acquisitions to insure:
  - Consideration has been afforded small and small disadvantaged business concerns
  - Small and small disadvantaged business concerns receive an equitable opportunity to participate in the proposed acquisition.
  - A subcontracting plan required by FAR 19.7 is included where appropriate.

When to prepare a DD Form 2579:

- For all procurement actions in excess of $10,000, including those set-aside for small business participation
- When a modification is needed that adds additional sites, categories or specialties to an established contract

When a DD Form 2579 is not required:

- For acquisitions not exceeding $10,000, the contract specialist is not required to prepare a DD Form 2579
- Delivery orders/task orders against established contracts do not require a DD Form 2579
  - *Standardized forms and/or pre-printed folders, approved by the contracting officer, are acceptable as documentation in the contract file when it is necessary to dissolve the automatic small business set-aside*

Market Research
FAR 19.202-2

The Dynamic Small Business Search

- HUBZone/8(a) small business concerns
- 8(a) small business concerns and/or HUBZone small Business concerns
- Small business concerns

www.ccr.gov

Completing the DD Form 2579

FAR 19.2 / DFARS 219.201 (d) (10) (B) / AFARS 5119.201 (d) (9) (B)

1. CONTROL NO *(Optional)*

ORDINATION RECORD | **REPORT CONTROL SYMBOL**

URCHASE REQUEST NO REQUISITION NO	**3. TOTAL ESTIMATED VALUE** *(Including options)*	**4. SOLICITATION NO./CONTRACT MODIFICATION NO.**

5. BUYER

a. NAME *e Area Code)*

6. ITEM *S/SERVICE*

7. TYPE *OLLARS*

INIT

MO

9. REC

ACQUISITION

10% OF

11. SB P

(X one) *202 exception)*

YES

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

16. FOR LOCAL USE

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE | **c. DATE SIGNED** *(YYYYMMDD)*

17. CONTRACTING OFFICER *(X one)*

CONCURS | REJECTS

a. RECOMMENDATIONS *(Document rejections on reverse)*

b. NAME *(Last, First, Middle Initial)*

c. SIGNATURE | **d. DATE SIGNED** *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*

CONCURS | APPEALS

NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.

a. NAME *(Last, First, Middle Initial)*

c. SIGNATURE | **c. DATE SIGNED** *(YYYYMMDD)*

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CONTROL NO.

IAW AFARS 5119.201(d)(9)(B)(2)(i) “Control No., on the DD Form 2579, consecutively starting with “1” at the beginning of each FY, and adding the last two digits of the FY, e.g. 1-96, 2-96.” Serial numbers may be “Padded” with zeroes, e.g., 001-96, 002-96, 087-96.

2. PURPOSE REQUEST NO./ REQUISITION NO.

		REPORT CONTROL SYMBOL
1. CONTROL NO *(Optio*	*TOTAL ESTIMATED VALUE (Including options)*	4. SOLICITATION NO./CONTRACT MODIFICATION NO.
5. BUYER		
a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. TELEPHONE *(Include Area Code)*
6. ITEM DESCRIPTION *(Including quantity)*		6a. FEDERAL SUPPLY CLASS/SERVICE

PURPOSE REQUEST NO./REQUISITION NO.

Appropriate number should be entered.

7. TYPE OF COORDINATION *(X One*
INITIAL CONTACT
MODIFICATION WITH

9. RECOMMENDATION *(X as applicable)*
YES NO *(If all recommendations are "No," explain in rema*
a. SECTION 8(a) *(X one)*
(1) COMPETI (2) SOLE SOURC
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE
d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*
e. EMERGING SMALL BUSINESS SET-ASIDE
f. EVALUATION PREFERENCE FOR SDBs
g. HUBZONE SET-ASIDE
h. HUBZONE SOLE SOURCE
i. HUBZONE PRICE EVALUATION PREFERENCE

10. SOLICITATION METHOD *(X one)*
a. FIRST TIME BUY
b. PREVIOUS ACQUISITION *(If "Yes," mark one)*
(1) SECTION 8(a)
(2) SDB SET-ASIDE
(3) HBCU/MI SET-ASIDE
(4) SB SET-ASIDE
(5) OTHER *(Specify)*
(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
(8) WOMAN OWNED SB
(9) SERVICE-DISABLED VETERAN SB

11. SB PROGRESS PAYMEN *(X one)* YES NO
12. SUBCONTRACTING PLA REQUIRED *(X one)* YES NO
13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)* YES NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE
a. NAME *(Last, First, Middle Initial)*
b. SIGNATURE
c. DATE SIGNED *(YYYYMMDD)*

16. FOR LOCAL USE

17. CONTRACTING OFFICER *(X one)*
CONCURS REJECTS
a. RECOMMENDATIONS *(Document rejections on revers*
b. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
d. DATE SIGNE *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*
CONCURS APPEALS
NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
a. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
c. DATE SIGNED *(YYYYMMDD)*

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3. TOTAL ESTIMATED VALUE
(Including Options)

SMALL BUSINESS COU … CONTROL SYMBOL

1. CONTROL NO *(Optional)* | 2. PURCHASE REQUES… REQUISITION NO | … OLICITATION NO./CONTRACT MODIFICATION NO.

5. BUYER

a. NAME *(Last, First, Middle Initial)* | b. OFFICE SYMBOL | c. TELEPHONE *(Include Area Code)*

6. ITEM DESCRIPTION *(Including quantity)* | 6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

7. TYPE OF COORDINATION *(X One)*
INITIAL CONTACT
MODIFICATION … WITHDRAWA…

8. SMALL BUSINESS SIZ…
a. NORTH AMERICAN INDUSTR… SYSTEM (NAICS) CODE

9. RECOMMENDATION *(X as applicable)*
(If all recommendations are "No," explain in rema…

a. SECTION 8(a) *(X one)*
(1) COMPETI… (2) SOLE SOURC…
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE
d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*
e. EMERGING SMALL BUSINESS SET-ASIDE
f. EVALUATION PREFERENCE FOR SDBs
g. HUBZONE SET-ASIDE
h. HUBZONE SOLE SOURCE
i. HUBZONE PRICE EVALUATION PREFERENCE

b. P… REQUIRED
(1) SI…
(2) SI…
(3) HI…
(4) SI…
(5) O…
(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
(8) WOMAN OWNED SB
(9) SERVICE-DISABLED VETERAN SB

10. ACQUIS…
a. FIRST T…

11. SB PROGRESS PAYMEN… *(X one)* YES NO

12. SUBCONTRACTING PLA… REQUIRED *(X one)* YES NO

13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)* YES NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE
a. NAME *(Last, First, Middle Initial)*
b. SIGNATURE | c. DATE SIGNED *(YYYYMMDD)*

16. FOR LOCAL USE

17. CONTRACTING OFFICER *(X one)*
CONCURS REJECTS
a. RECOMMENDATIONS *(Document rejections on reverse)*
b. NAME *(Last, First, Middle Initial)*
c. SIGNATURE | d. DATE SIGNED *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*
CONCURS APPEALS
NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
a. NAME *(Last, First, Middle Initial)*
c. SIGNATURE | c. DATE SIGNED *(YYYYMMDD)*

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TOTAL ESTIMATED VALUE

The total value of the requirement including all options should be entered.

4. SOLICITATION NO./CONTRACT MODIFICATION NO.

SMALL BUSINESS COORDINATION RECORD

1. CONTROL NO *(Optional)*	2. PURCHASE REQUEST NO REQUISITION NO	3. TOTAL ESTIMATED *(Including options)*

E. BUYER

c. TELEPHONE *(Include Area Code)*

6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

SOLICITATION NO./CONTRACT MODIFICATION NO.

The appropriate number should be entered if available.

TANDARD

ASSIFICATION	b. NO. OF EMPLOYEES	c. DOLLARS

L HISTORY *(X one)*

UY

QUISITION *(X all that apply)*

N 8(a)

b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE

c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE

d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*

e. EMERGING SMALL BUSINESS SET-ASIDE

f. EVALUATION PREFERENCE FOR SDBs

g. HUBZONE SET-ASIDE

h. HUBZONE SOLE SOURCE

i. HUBZONE PRICE EVALUATION PREFERENCE

(2) SDB SET-ASIDE

(3) HBCU/MI SET-ASIDE

(4) SB SET-ASIDE

(5) OTHER *(Specify)*

(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION

(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION

(8) WOMAN OWNED SB

(9) SERVICE-DISABLED VETERAN SB

11. SB PROGRESS PAYMEN *(X one)*	12. SUBCONTRACTING PLA REQUIRED *(X one)*	13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)*
YES NO	YES NO	YES NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE	16. SBA LOCAL USE
a. NAME *(Last, First, Middle Initial)*	
b. SIGNATURE / c. DATE SIGNED *(YYYYMMDD)*	

17. CONTRACTING OFFICER *(X one)*	18. SMALL BUSINESS SPECIALIST *(X one)*
CONCURS REJECTS	CONCURS APPEALS
a. RECOMMENDATIONS *(Document rejections on reverse)*	**NOTE:** Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
b. NAME *(Last, First, Middle Initial)*	a. NAME *(Last, First, Middle Initial)*
c. SIGNATURE / d. DATE SIGNED *(YYYYMMDD)*	c. SIGNATURE / c. DATE SIGNED *(YYYYMMDD)*

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SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL
1. CONTROL NO *(Optional)*	**2. PURCHASE REQUEST NO REQUISITION NO**	**3. TOTAL ESTIMATED VALUE** ***(Including options)***	**4. SOLICITATION NO./CONTRACT MODIFICATION NO.**

5. BUYER

a. NAME *(Last, First, Middle Initial)*

b. OFFICE SYMBOL

c. TELEPHONE ***(Include Area Code)***

9. RECOMMENDATION *(X as applicable)*

YES NO *(If all recommendations are "No," explain in remarks)*

a. SECTION 8(a) *(X one)*

(1) COMPETI (2) SOLE SOURC

b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE

c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE

d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*

e. EMERGING SMALL BUSINESS SET-ASIDE

f. EVALUATION PREFERENCE FOR SDBs

g. HUBZONE SET-ASIDE

h. HUBZONE SOLE SOURCE

i. HUBZONE PRICE EVALUATION PREFERENCE

10. ACQUISITION HISTORY *(X one)*

a. FIRST-TIME BUY

b. P

(1) SECTION 8(a)

(2) SDB SET-ASIDE

(3) HBCU/MI SET-AS

(4) SB SET-ASIDE

(5) OTHER *(Specify)*

(6) TWO OR MORE

(7) ONE OR MORE F AWARD PRICE O

(8) WOMAN OWNE

(9) SERVICE-DISAB

11. SB PROGRESS PAYMEN *(X one)* YES NO

12. SUBCONTRACTING PLA REQUIRED *(X one)* YES NO

13. SYNOPSIS REQUIR YES

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE SIGNED *(YYYYMMDD)*

16. SBA LOCAL USE

17. CONTRACTING OFFICER *(X one)*

CONCURS REJECTS

a. RECOMMENDATIONS *(Document rejections on reverse)*

b. NAME *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*

CONCURS APPEALS

NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.

a. NAME *(Last, First, Middle Initial)*

c. SIGNATURE

c. DATE SIGNED *(YYYYMMDD)*

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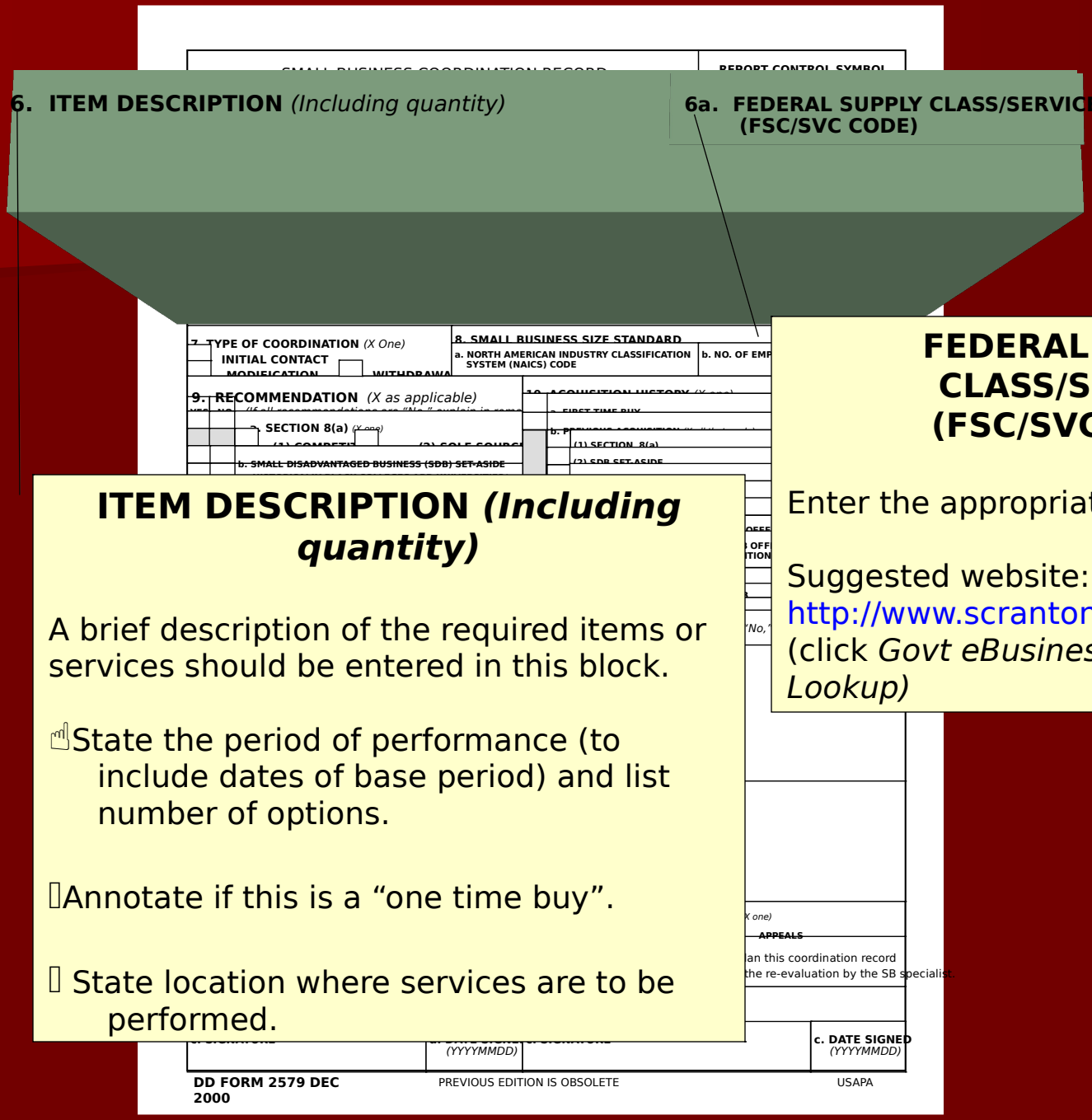
BUYER

a. Name b. Office Symbol c. Telephone

All elements of buyer information should be completed.


6. ITEM DESCRIPTION (Including quantity)
6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)
7. TYPE OF COORDINATION (X One)
INITIAL CONTACT
8. SMALL BUSINESS SIZE STANDARD
a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE
9. RECOMMENDATION (X as applicable)
SECTION 8(a)
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
APPEALS
c. DATE SIGNED (YYYYMMDD)
DD FORM 2579 DEC 2000
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ITEM DESCRIPTION *(Including quantity)*

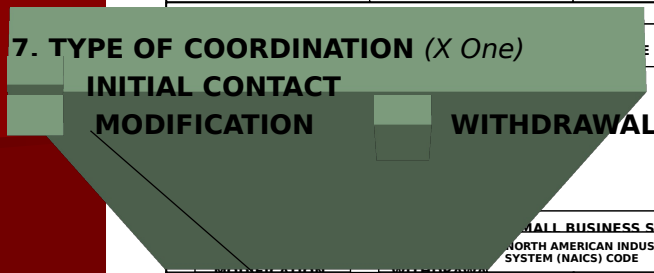
A brief description of the required items or services should be entered in this block.

- State the period of performance (to include dates of base period) and list number of options.
- Annotate if this is a “one time buy”.
- State location where services are to be performed.

FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

Enter the appropriate codes.

Suggested website:
http://www.scrantonrtg.com
(click *Govt eBusiness*; click *FSC Lookup)*



SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL

1. CONTROL NO *(Optional)*	2. PURCHASE REQUEST NO REQUISITION NO	3. TOTAL ESTIMATED VALUE *(Including options)*	4. SOLICITATION NO./CONTRACT MODIFICATION NO.

E SYMBOL | c. TELEPHONE *(Include Area Code)*

6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

MALL BUSINESS SIZE STANDARD

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	b. NO. OF EMPLOYEES	c. DOLLARS

9. RECOMMENDATION *(X as applicable)*

10. ACQUISITION HISTORY *(X one)*

a. FIRST TIME BUY

b. PR

a. SECTION 8(a) *(X one)*

(1) COMPETI

b. SMALL DISADVANTAGE

c. HISTORICALLY BLACK C MINORITY INSTITUTIO

d. SMALL BUSINESS (SB)

e. EMERGING SMALL BUS

f. EVALUATION PREFEREN

g. HUBZONE SET-ASIDE

h. HUBZONE SOLE SOURC

i. HUBZONE PRICE EVALU

11. SB PROGRESS PAYMEN

(X one)

YES NO

14. REMARKS

15. REVIEWED BY SMALL BU REPRESENTATIVE

a. NAME *(Last, First, Middle I*

b. SIGNATURE

17. CONTRACTING OFFICER

CONCURS REJECTS

CONCURS APPEALS

a. RECOMMENDATIONS *(Document rejections on revers*

NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.

b. NAME *(Last, First, Middle Initial)*	a. NAME *(Last, First, Middle Initial)*	
c. SIGNATURE / d. DATE SIGNE *(YYYYMMDD)*	c. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

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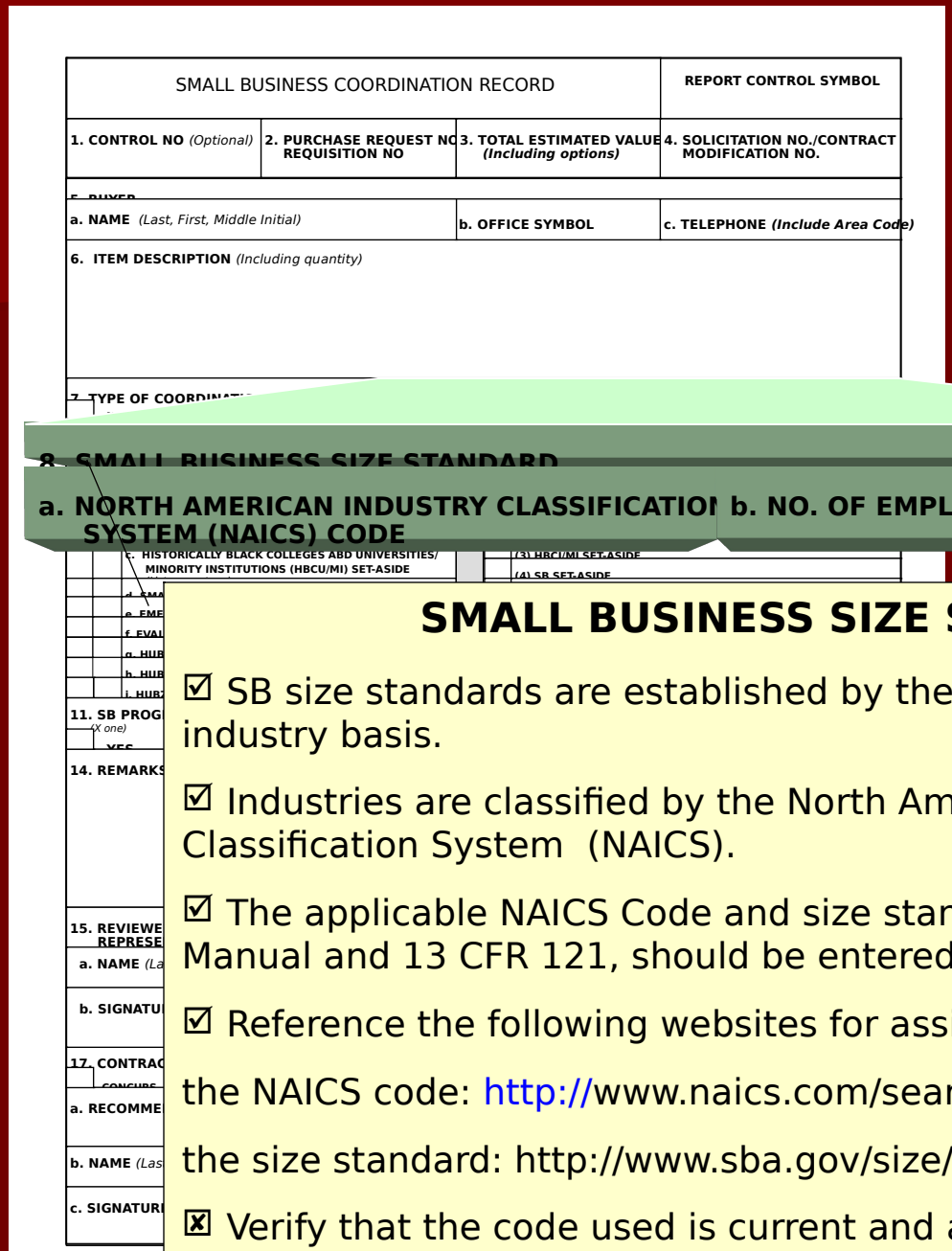
TYPE OF COORDINATION *(X one)*

The appropriate type of coordination should be checked.

Be advised a 2579 modifying the original 2579 will be checked as “modification” ***using the same control number.*

Should a requirement be cancelled the 2579 will be checked as “withdrawal” ***using the same control number*.



SMALL BUSINESS SIZE STANDARD

☑ SB size standards are established by the SBA on an industry-by-industry basis.

☑ Industries are classified by the North American Industry Classification System (NAICS).

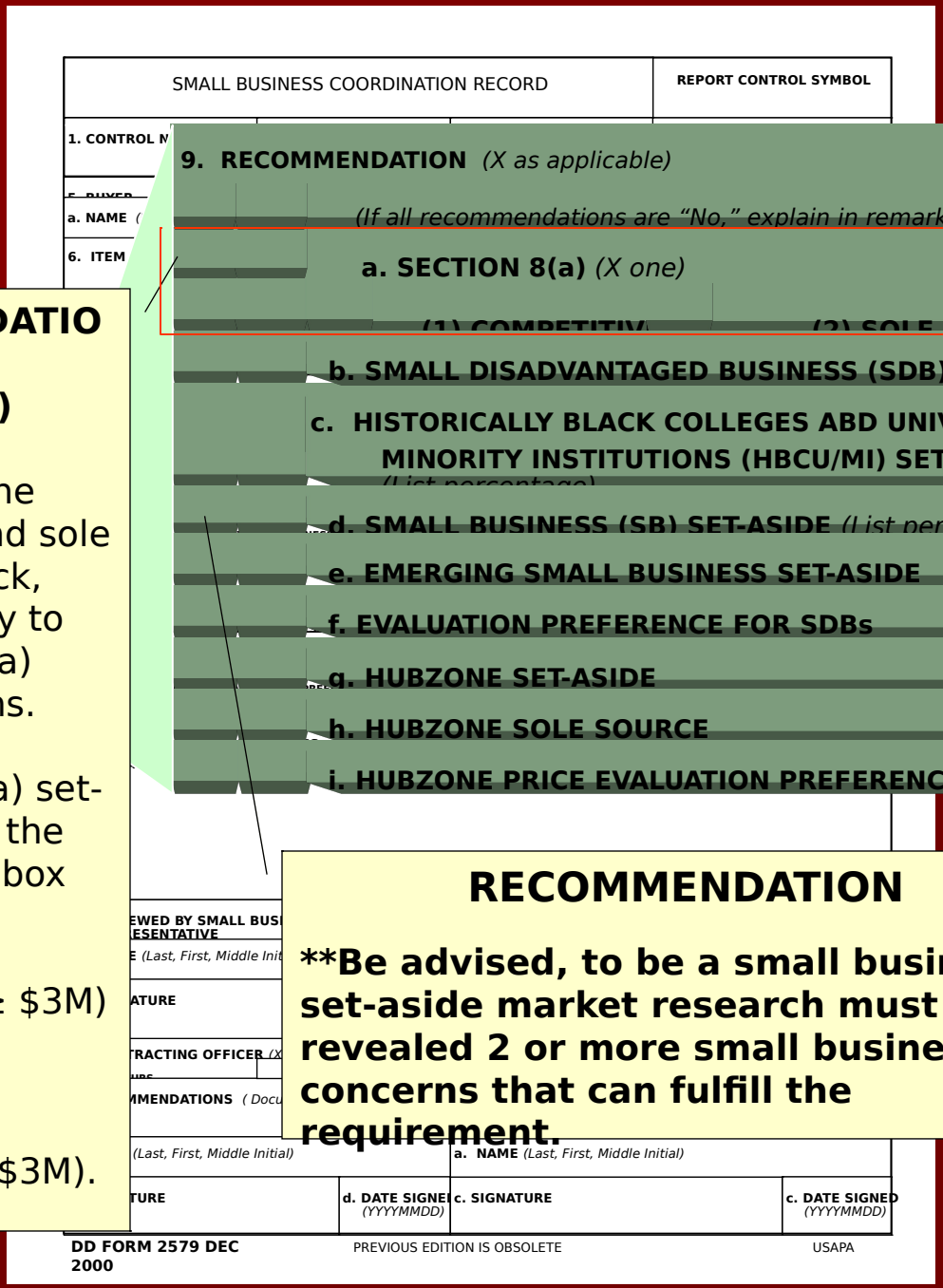
☑ The applicable NAICS Code and size standard from the NAICS Manual and 13 CFR 121, should be entered in Block 8a, b, or c.

☑ Reference the following websites for assistance in determining

the NAICS code: http://www.naics.com/search.htm

the size standard: http://www.sba.gov/size/sizetable2002.html.

☒ Verify that the code used is current and appropriate.


SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL

1. CONTROL N

a. NAME (

6. ITEM

9. RECOMMENDATION *(X as applicable)*

(If all recommendations are "No," explain in remarks)

a. SECTION 8(a) *(X one)*

(1) COMPETITIV (2) SOLE SOURCE

b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE

c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE *(List percentage)*

d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*

e. EMERGING SMALL BUSINESS SET-ASIDE

f. EVALUATION PREFERENCE FOR SDBs

g. HUBZONE SET-ASIDE

h. HUBZONE SOLE SOURCE

i. HUBZONE PRICE EVALUATION PREFERENCE

EWED BY SMALL BUSI ESENTATIVE

E (Last, First, Middle Init

ATURE

TRACTING OFFICER (X

MMENDATIONS (Docu

(Last, First, Middle Initial)

a. NAME (Last, First, Middle Initial)

TURE

d. DATE SIGNE (YYYYMMDD)

c. SIGNATURE

c. DATE SIGNED (YYYYMMDD)

DD FORM 2579 DEC 2000

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RECOMMENDATION FOR 8(a)

Block 9a the competitive and sole source block, pertains only to Section 8(a) acquisitions.

If this is an 8(a) set-aside check the appropriate box whether

competitive (≥ $3M)

or

sole source (<$3M).

RECOMMENDATION

****Be advised, to be a small business set-aside market research must have revealed 2 or more small business concerns that can fulfill the requirement.**

RECOMMENDATION

This block is used to recommend whether the acquisition should be pursued under one of the several different preference programs for SB/SDB business IAW FAR 19.201.

These recommendations must consider the DOD small business goals established by the President of the United States IAW Section 644(g) of 15 USC.

SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL

1. CONTROL NO *(Optional)*	2. PURCHASE REQUEST NO REQUISITION NO	3. TOTAL ESTIMATED VALUE *(Including options)*	4. SOLICITATION NO./CONTRACT MODIFICATION NO.

5. BUYER

a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. TELEPHONE *(Include Area Code)*

6. ITEM DESCRIPTION *(Including quanti*

7. TYPE OF COORDINATION *(X One)*
INITIAL CONTACT
MODIFICATION
WITHDRA

9. RECOMMENDATION *(X as applicabl*
a. SECTION 8(a) *(X one)*
(1) COMPETE
b. SMALL DIS
c. HISTORIC
MINORIT
d. SMALL BU
e. EMERGIN
f. EVALUATIO
g. HUBZONE
h. HUBZONE
i. HUBZONE

11. SB PROGRESS
(X one)
YES

14. REMARKS

15. REVIEWED BY
REPRESENTA
a. NAME *(Last, F*
b. SIGNATURE

17. CONTRACTIN
CONCURS
a. RECOMMENDA
b. NAME *(Last, Fir*

c. SIGNATURE	d. DATE SIGNE *(YYYYMMDD)*	c. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

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ACQUISITION HISTORY

This block is to be completed with the information on the previous acquisition.

10. ACQUISITION HISTORY *(X one)*

a. FIRST TIME BUY

b. PREVIOUS ACQUISITION *(X all that apply)*

(1) SECTION 8(a)

(2) SDB SET-ASIDE

(3) HBCI/MI SET-ASIDE

(4) SB SET-ASIDE

(5) OTHER *(Specify)*

(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION

(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION

(8) WOMAN OWNED SB

(9) SERVICE DISABLED VETERAN SB

SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL

1. CONTROL NO *(Optional)*	2. PURCHASE REQUEST NO REQUISITION NO	3. TOTAL ESTIMATED VALUE *(Including options)*	4. SOLICITATION NO./CONTRACT MODIFICATION NO.

5. BUYER

a. NAME *(Last, First, Middle Initial)*	b. OFFICE SYMBOL	c. TELEPHONE *(Include Area Code)*

6. ITEM DESCRIPTION *(Including quantity)*

6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

7. TYPE OF COORDINATION *(X One)*
INITIAL CONTACT
MODIFICATION
WITHDRAWA

8. SMALL BUSINESS SIZE STANDARD

a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	b. NO. OF EMPLOYEES	c. DOLLARS

9. RECOMMENDATION *(X as applicable)*
(If all recommendations are "No," explain in rema

a. SECTION 8(a) *(X one)*
(1) COMPETI (2) SOLE SOURC
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE
percentage)
DE
ENCE
EQU
YES

10. ACQUISITION HISTORY *(X one)*
a. FIRST TIME BUY
b. PREVIOUS ACQUISITION *(If "Yes," check one)*
(1) SECTION 8(a)
(2) SDB SET-ASIDE
(3) HBCU/MI SET-ASIDE
(4) SB SET-ASIDE
(5) OTHER *(Specify)*
(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
(8) WOMAN OWNED SB
(9) SERVICE-DISABLED VETERAN SB

11. SB PROGRESS PAYMENTS *(X one)*
YES NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS REPRESENTATIVE
a. NAME *(Last, First, Middle Initial)*
b. SIGNATURE

17. CONTRACTING OFFICER *(X one)*
CONCURS REJECTS
a. RECOMMENDATIONS *(Document rejections on revers*
b. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
d. DATE SIGNE *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*
CONCURS APPEALS
NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
a. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
c. DATE SIGNED *(YYYYMMDD)*

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SB PROGRESS PAYMENTS

This block should be annotated as “no”. Progress payments are not to be offered. They must be requested and justified/supported by firms responding to solicitation.

SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL
1. CONTROL NO *(Optional)*	**2. PURCHASE REQUEST NO REQUISITION NO**	**3. TOTAL ESTIMATED VALUE** ***(Including options)***	**4. SOLICITATION NO./CONTRACT MODIFICATION NO.**

5. BUYER

a. NAME *(Last, First, Middle Initial)*	**b. OFFICE SYMBOL**	**c. TELEPHONE** ***(Include Area Code)***

6. I

7. T

9.

a. HUBZONE SET-ASIDE

b. HUBZONE SOLE SOURCE

c. HUBZONE PRICE EVALUATION PREFERENCE

AWARD PRICE OF PRIOR ACQUISITION

(8) WOMAN OWNED SB

(9) SERVICE-DISABLED VETERAN SB

11. SB PROGRESS PAYM

(X one)

YES

NOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)*

NO

14. REMARKS

12. SUBCONTRACTING PLAN REQUIRED *(X one)*

YES **NO**

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE	**16. SBA LOCAL USE**
a. NAME *(Last, First, Middle Initial)*	
b. SIGNATURE / **c. DATE SIGNED** *(YYYYMMDD)*	

17. CONTRACTING OFFICER *(X one)*	**18. SMALL BUSINESS SPECIALIST** *(X one)*
CONCURS **REJECTS**	**CONCURS** **APPEALS**
a. RECOMMENDATIONS *(Document rejections on reverse)*	**NOTE:** Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
b. NAME *(Last, First, Middle Initial)*	**a. NAME** *(Last, First, Middle Initial)*
c. SIGNATURE / **d. DATE SIGNED** *(YYYYMMDD)*	**c. SIGNATURE** / **c. DATE SIGNED** *(YYYYMMDD)*

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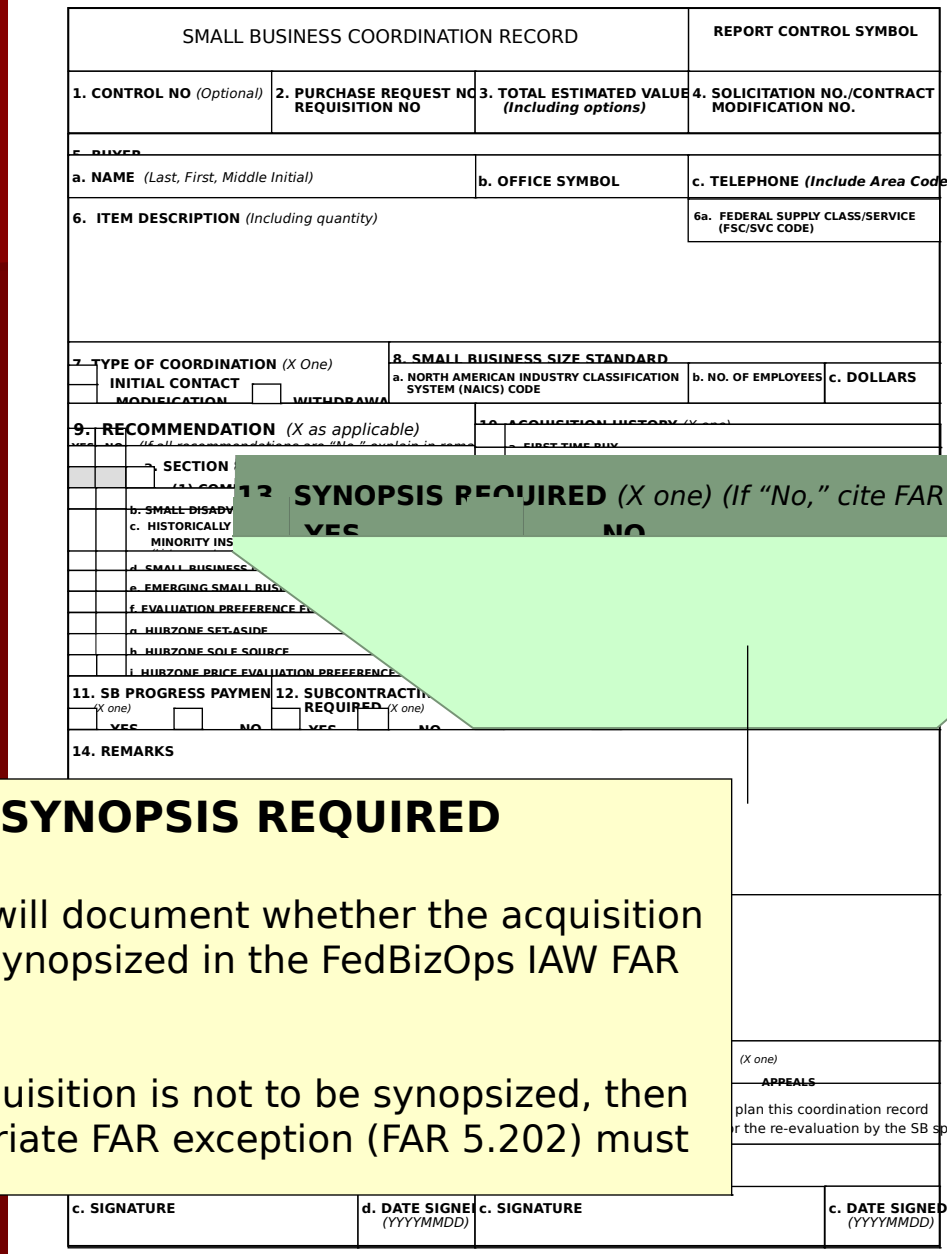
SUBCONTRACTING PLAN REQUIRED

This block is to be completed if the total value of the contract is ***≥ $500K and the recommendation is to go unrestricted***. Subcontracting plans are not required for small businesses set-asides. Ensure appropriate FAR and DFARS subcontracting clauses are incorporated because they appropriately advise industry if they are required to submit a subcontracting plan.


SMALL BUSINESS COORDINATION RECORD

REPORT CONTROL SYMBOL

1. CONTROL NO *(Optional)*

2. PURCHASE REQUEST NO REQUISITION NO

3. TOTAL ESTIMATED VALUE *(Including options)*

4. SOLICITATION NO./CONTRACT MODIFICATION NO.

5. BUYER

a. NAME *(Last, First, Middle Initial)*

b. OFFICE SYMBOL

c. TELEPHONE *(Include Area Code)*

6. ITEM DESCRIPTION *(Including quantity)*

6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC CODE)

7. TYPE OF COORDINATION *(X One)*

INITIAL CONTACT

MODIFICATION

WITHDRAWA

8. SMALL BUSINESS SIZE STANDARD

a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE

b. NO. OF EMPLOYEES

c. DOLLARS

9. RECOMMENDATION *(X as applicable)*

13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)*

YES

NO

11. SB PROGRESS PAYMEN

12. SUBCONTRACTI REQUIRED

(X one)

YES

NO

14. REMARKS

(X one)

APPEALS

plan this coordination record

r the re-evaluation by the SB specialist.

c. SIGNATURE

d. DATE SIGNE *(YYYYMMDD)*

c. SIGNATURE

c. DATE SIGNED *(YYYYMMDD)*

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SYNOPSIS REQUIRED

This block will document whether the acquisition should be synopsized in the FedBizOps IAW FAR 5.101.

**If the acquisition is not to be synopsized, then the appropriate FAR exception (FAR 5.202) must be entered.

SMALL BUSINESS COORDINATION RECORD	REPORT CONTROL SYMBOL

REMARKS

This block will document why the acquisition is not recommended for set-aside under the SB Program.

If this is a sole source or urgent and compelling acquisition annotate: ***"Justification and Approval attached".***

If you are breaking the automatic small business set-aside then annotate: ***"IAW Memorandum for Record attached".***

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE	**16. SBA LOCAL USE**
a. NAME *(Last, First, Middle Initial)*	
b. SIGNATURE / **c. DATE SIGNED** *(YYYMMDD)*	
17. CONTRACTING OFFICER *(X one)* ☐ CONCURS ☐ REJECTS	**18. SMALL BUSINESS SPECIALIST** *(X one)* ☐ CONCURS ☐ APPEALS
a. RECOMMENDATIONS *(Document rejections on revers*	**NOTE:** Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
b. NAME *(Last, First, Middle Initial)*	**a. NAME** *(Last, First, Middle Initial)*
c. SIGNATURE / **d. DATE SIGNE** *(YYYYMMDD)*	**c. SIGNATURE** / **c. DATE SIGNED** *(YYYYMMDD)*

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SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL
1. CONTROL NO *(Optional)*	**2. PURCHASE REQUEST NO REQUISITION NO**	**3. TOTAL ESTIMATED VALUE** ***(Including options)***	**4. SOLICITATION NO./CONTRACT MODIFICATION NO.**

5. BUYER

a. NAME *(Last, First, Middle Initial)*	**b. OFFICE SYMBOL**	**c. TELEPHONE** ***(Include Area Code)***

6. ITEM DESCRIPTION *(Including quantity)*

7. TYPE OF COORDINATION *(X One)*

INITIAL CONTACT

MODIFICATION

WITHDRAWA

8. SMALL BUSINESS SIZE STANDARD

a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	**b. NO. OF EMPLOYEES**	**c. DOLLARS**

9. RECOMMENDATION *(X as applicable)*

USE NO (If all recommendations are "No," explain in remarks)

a. SECTION 8(a) *(X one)*

(1) COMPETI (2) SOLE SOURC

b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE

c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE

d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*

e. EMERGING SMALL BUSINESS SET-ASIDE

f. EVALUATION PREFERENCE FOR SDBs

g. HUBZONE SET-ASI

h. HUBZONE SOLE SO

i. HUBZONE PRICE EV

10. ACQUISITION HISTORY *(X one)*

a. FIRST TIME BUY

b. P

(1) SECTION 8(a)

(2) SDB SET-ASIDE

(3) HBCI/MI SET-ASIDE

(4) SB SET-ASIDE

(5) OTHER *(Specify)*

(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION

(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF

11. SB PROGRESS PAYM

(X one)

YES

N

16. LOCAL USE

14. REMARKS

15. REVIEWED BY SMALL BUSINESS REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE S *(YYYYMMDD)*

17. CONTRACTING OFFICER *(X one)*

CONCURS

REJECTS

a. RECOMMENDATIONS *(Document rejections on reverse)*

b. NAME *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*

CONCURS

APPEALS

NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.

a. NAME *(Last, First, Middle Initial)*

c. SIGNATURE

c. DATE SIGNED *(YYYYMMDD)*

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SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL
1. CONTROL NO *(Optional)*	**2. PURCHASE REQUEST NO REQUISITION NO**	**3. TOTAL ESTIMATED VALUE** ***(Including options)***	**4. SOLICITATION NO./CONTRACT MODIFICATION NO.**

5. BUYER

a. NAME *(Last, First, Middle Initial)*	**b. OFFICE SYMBOL**	**c. TELEPHONE** ***(Include Area Code)***

6. ITEM DESCRIPTION *(Including quantity)*

7. TYPE OF COORDINATION *(X One)*

8. SMALL BUSINESS SIZE STANDARD

a. NORTH AMERICAN INDUSTRY CLASSIFICATION	b. NO. OF EMPLOYEES	c. DOLLARS

11. SB PROGRESS PAYMEN *(X one)* YES NO

12. SUBCONTRACTING PLA REQUIRED *(X one)* YES NO

13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)* YES NO

CONTRACTING OFFICER

The buyer or KO prepares the form before submittal to the Small Business Specialist for review. The KO shall complete block 17, a through d.

17. CONTRACTING OFFICER *(X one)*

CONCURS REJECTS

a. RECOMMENDATIONS *(Document rejections on reverse side)*

b. NAME *(Last, First, Middle Initial)*

c. SIGNATURE

d. DATE SIGNED *(YYYYMMDD)*

LIST *(X one)*

APPEALS

sition plan this coordination record
urn for the re-evaluation by the SB specialist.

e Initial)

URE

c. DATE SIGNED *(YYYYMMDD)*

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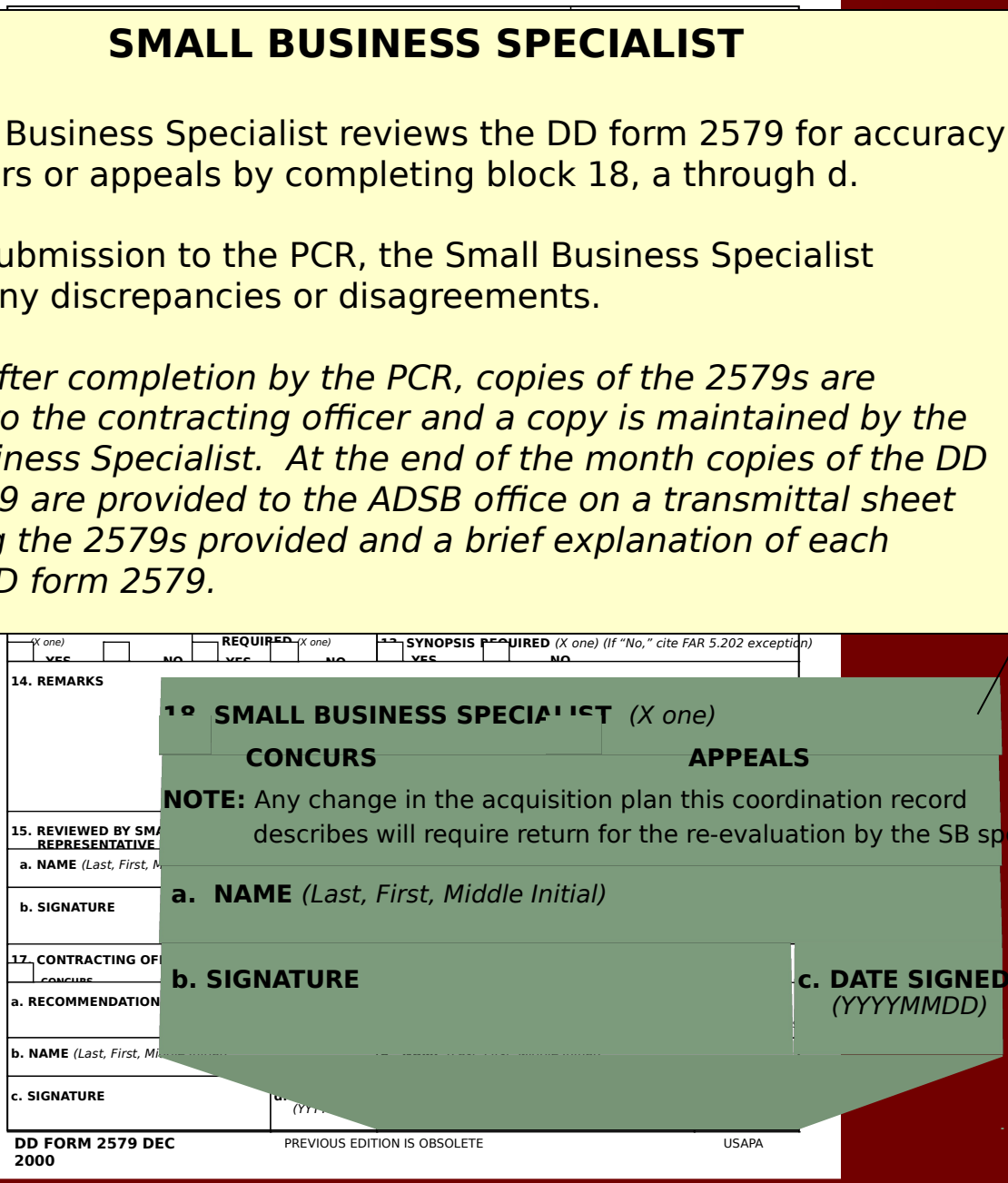
SMALL BUSINESS SPECIALIST

The Small Business Specialist reviews the DD form 2579 for accuracy and concurs or appeals by completing block 18, a through d.

*Prior to submission to the PCR, the Small Business Specialist resolves any discrepancies or disagreements.

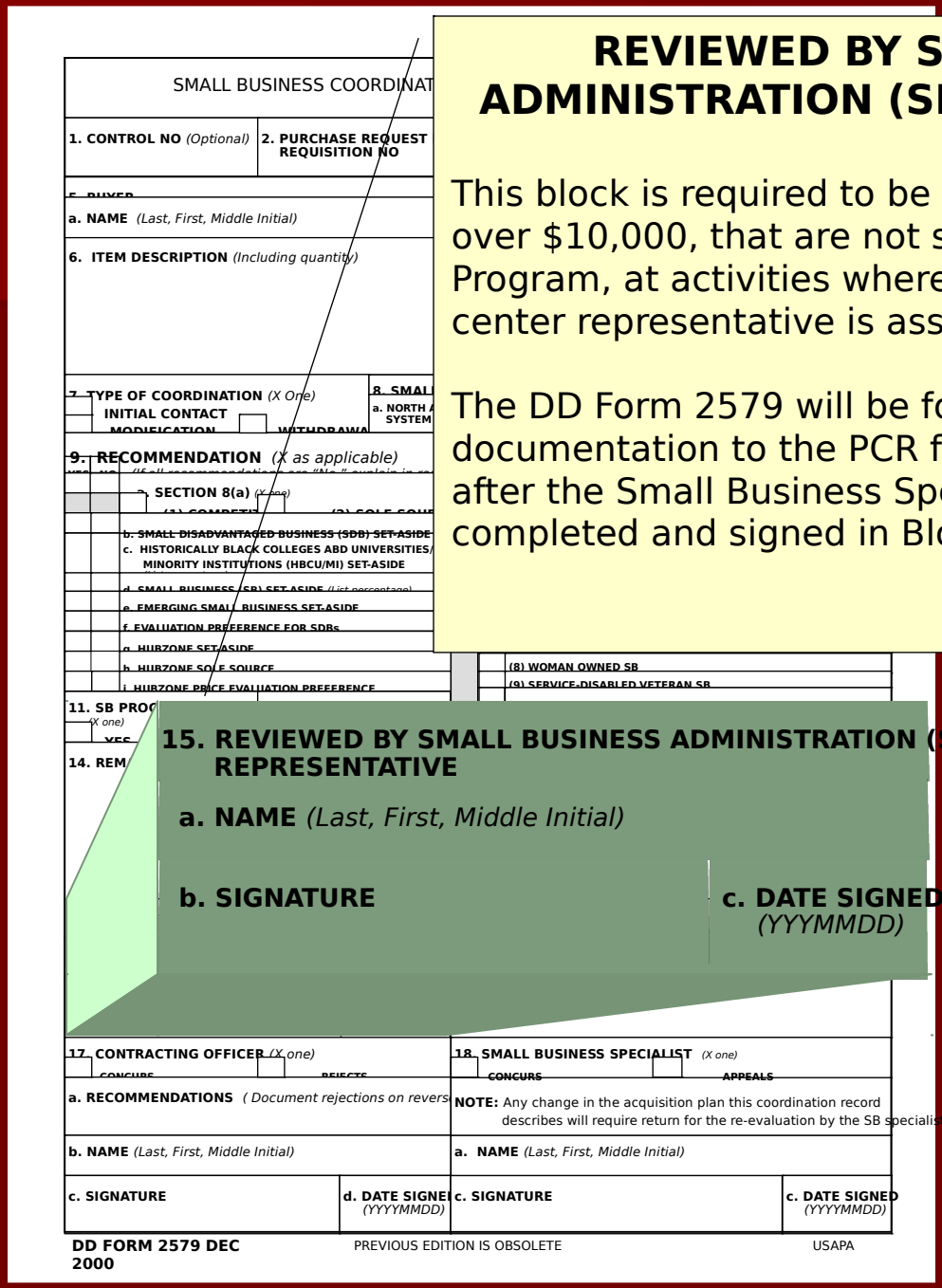
***Note:* *After completion by the PCR, copies of the 2579s are provided to the contracting officer and a copy is maintained by the Small Business Specialist. At the end of the month copies of the DD forms 2579 are provided to the ADSB office on a transmittal sheet identifying the 2579s provided and a brief explanation of each missing DD form 2579.*



REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

This block is required to be completed on acquisitions over $10,000, that are not set-aside under the SB Program, at activities where an SBA procurement center representative is assigned.

The DD Form 2579 will be forwarded with supporting documentation to the PCR for their review and approval after the Small Business Specialist has reviewed, completed and signed in Block 18.


SMALL BUSINESS COORDINAT

1. CONTROL NO *(Optional)*
2. PURCHASE REQUEST REQUISITION NO

a. NAME *(Last, First, Middle Initial)*

6. ITEM DESCRIPTION *(Including quantity)*

7. TYPE OF COORDINATION *(X One)*
INITIAL CONTACT
MODIFICATION
WITHDRAWA

8. SMALL
a. NORTH A SYSTEM

9. RECOMMENDATION *(X as applicable)*

SECTION 8(a) *(X one)*
(1) COMPETI
(2) SOLE SOU
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
c. HISTORICALLY BLACK COLLEGES ABD UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE
d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)*
e. EMERGING SMALL BUSINESS SET-ASIDE
f. EVALUATION PREFERENCE FOR SDBs
g. HUBZONE SET-ASIDE
h. HUBZONE SOLE SOURCE
i. HUBZONE PRICE EVALUATION PREFERENCE

(8) WOMAN OWNED SB
(9) SERVICE-DISABLED VETERAN SB

11. SB PROC
(X one)
YES

14. REM

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*

b. SIGNATURE

c. DATE SIGNED *(YYYMMDD)*

17. CONTRACTING OFFICER *(X one)*
CONCURS
REJECTS
a. RECOMMENDATIONS *(Document rejections on revers*
b. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
d. DATE SIGNE *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*
CONCURS
APPEALS
NOTE: Any change in the acquisition plan this coordination record describes will require return for the re-evaluation by the SB specialist.
a. NAME *(Last, First, Middle Initial)*
c. SIGNATURE
c. DATE SIGNED *(YYYYMMDD)*

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